



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION940  
PHB11**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
GOLDSTEIN	CINDY	S	637-0100 ext 17
MAILING ADDRESS (Street)			FAX
PO Box 520			637-1611
(City)	(State)	(Zip Code)	
Wai alua	HI	96791	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pioneer Hi-Bred International, Inc			515-253-5710
MAILING ADDRESS (Street)			FAX
Corporate Headquarters 400 Locust Street, Suite 700			515-270-3581
(City)	(State)	(Zip Code)	
Des Moines,	IA	50306-3454	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cindy Goldstein			637-0100 ext 17
MAILING ADDRESS (Street)		Street address	FAX
PO Box 520		67-172 Farrington Hwy	637-1611
(City)	(State)	(Zip Code)	
Wai alua	HI	96791	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

* Agriculture	Education	Human Services	* Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below) <u>Biotechnology</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Cindy Goldstein  
(Signature of Lobbyist)

1/27/05  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
RICHARD MCCORMACK		PLANT MANAGER	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
PIONEER HI-BRED INT'L, Inc.		808-637-0100	
MAILING ADDRESS (Street)		FAX	
PO Box 520		808-637-1611	
(City)	(State)	(Zip Code)	
WAILUA	HI	96791	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<u>Richard McCormack</u>		<u>1-31-05</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	